Submission to the Royal Commission on Safety and Quality in Aged Care Services 2019

Prepared by

MATRIX Guild (Vic Inc) September 2019

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MATRIX GUILD

Matrix Guild (Victoria Inc) is self unfunded, voluntary organisation that receives no government funding established in 1992 and is the only national organisation able to provide detailed information about **older lesbians**. There is no other lesbian specific advocacy and support organisation for lesbians across Australia. Matrix Guild works primarily to promote appropriate advice, information, care and support for older lesbians, provides some accommodation for financially disadvantaged ageing lesbians and challenges ageism and discrimination against older lesbians.

Over the last 27 years we have built a vast wealth of knowledge about the experiences of lesbians with ageing, aged care, living with a disability, palliative care and dying. **There is no doubt that we are the Australian experts in this area.** Not least because members of our governing management committee are also Aged Care clients and carers. Though we are a Victorian organisation we are strongly linked in with older lesbians and older lesbian organisations throughout Australia, with whom we meet regularly and also have occasional enquiries from overseas. We discuss our issues around ageing and aged care both informally and in workshops, meetings, and community forums. In addition, some members have strong ongoing links with lesbian organisations overseas.

Matrix Guild:

- runs a monitored and supported Volunteer Visiting Program in which our members visit older isolated lesbians in their homes
- promotes social contact and mutual support for older lesbians
- runs several social events each year including a weekly coffee club
- publishes a regular online newsletter
- has produced a number of publications and videos to educate about discrimination against lesbians. eg. "*We Live here Too*: *A Guide to lesbian Inclusive Practice in Aged Care"* (2011) and "*Permission to Speak*. *Determining strategies towards the development of GLBT friendly aged care services*"
- has been, and is, a source of research participants for academics researching older lesbians
- encourages older lesbians to participate in relevant consultations with government and community agencies across the country such as the Ageing Diversity Framework

Over the years Matrix Guid has researched lesbian experiences of aged care and has done considerable outreach to educate Aged Care service providers both in Aged Care facilities, at conferences and relevant events (e.g. forums on elder abuse, discrimination, etc.) attended by service providers such as Home Help, etc. Some of our materials can be viewed on our website [4]

I am a long serving committee member, a lifelong lesbian aged 67 with decades of experience in advocacy and representation, and I am writing this submission on behalf of Matrix Guild (Vic).

INTRODUCTION

Matrix welcomes the opportunity to provide this written submission to the Royal Commission in relation to Aged Care Quality and safety. We are pleased because **there are more lesbians receiving aged care services [2] than any of the other groups** who are the focus of the ground breaking National LGBTI Ageing and Aged Care Strategy launched in 2015. [1] We are particularly pleased to be able to highlight our particular realities and concerns, rather than be subsumed under a generic LGBTIQ+ submission.

This submission does not presume to speak about or on behalf of ageing Indigenous lesbians (even though we have some Indigenous members) or trans lesbians. We strongly believe it is essential members of all marginalised groups speak as insiders about their different lived experiences and needs. Therefore, this submission is based on the priorities, issues and experiences of *lesbians born and raised female.* Throughout this submission "lesbian" has this meaning because we are speaking about and for ourselves as insiders.

Many of the preconditions for high quality and safe services and care for ageing lesbians are quite distinct from *all those represented by the other "letters*" in the 2015 LGBTI Aged Care Strategy:

> "The National (LGBTI) Ageing and Aged Care Strategy aims to improve the ageing and aged care experience of LGBTI elders and ***ensure equitable access to high-quality, culturally appropriate*** aged care for all LGBTI people" [1]

This submission is a general overview of the specific difficulties faced by lesbians in accessing and receiving high quality culturally appropriate aged care. It offers some background and suggestions for addressing the issues based on the experiences of this organisation, individual lesbians, and lesbian communities it advocates for across Australia.

SUMMARY

There is very little knowledge about the realities of lesbian lives and specific care needs and therefore, the quality of care for ageing lesbians is significantly compromised.

There is discrimination and prejudice against lesbians in the aged care system and not enough is being done to counteract this and ensure the safety of lesbians.

Ageing lesbians are the most numerous of the LGBTIQA+ groups needing and using aged care services but receive the least attention, along with bisexuals, in training and materials for the aged care sector.

The Australian Government, Aged Care providers and the broader community need to recognise there is more than one 'community' or organisation which can represent lesbians, gay men, intersex people, etc.

The distinct needs of lesbians need to be sought, and reported on, in consultations and policy making, to ensure the aims of the National LGBTI Ageing and Aged Care Strategy can be achieved for lesbians.

We would argue no lesbian is an LGBTIQA+ **person** and so older lesbians need to be empowered to have a greater influence on aged care delivery so that it becomes high quality, welcoming and relevant to them.

Currently training within the aged care sector does not give sufficient attention to the specific cultural, social and emotional needs of lesbians. It is unreasonable to expect staff to understand and meet those needs without comprehensive information, professional development and resources about lesbians. There are serious deficiencies in this regard, due to the gatekeeping role of some peak LGBTIQA+ organisations charged with advising government, or designing and delivering the training. This is aided and abetted by government policy, and/or practice, at national and state level that continue to lump lesbian needs in an ill-defined LGBTIQA+ group, even to the extent of refusing any funding request by Matrix Guild. We have been informally advised at a very senior level that this is because our requests relate only to lesbians (the reason we have existed for 27 years) and do not encompass LGBTIQA+. This grouping would appear to be solely for the convenience of government and has little to do with the needs of lesbians.

The widespread approach to care services based on “we treat everyone the same” does significant harm to lesbians because it means lesbians are treated the ’same’ as heterosexual women and in doing so, ignores how abusive and isolating this is.

Years of living as a despised minority, coupled with everyday experiences of prejudice, means high quality care and services for lesbians must be free of heterosexual myths, stereotypes and discriminations. However, there is **a long way to go before ageing lesbians can be as relaxed receiving care, as they were living in their own homes before care services were needed.**

A number of faith- based aged care providers discriminate against lesbians and because of their employment policies, are unable to provide quality, culturally appropriate and safe care for lesbians. The means options for lesbians are significantly reduced and there is not equitable access to services compared to heterosexual women. This discrimination forces older lesbians back ‘in the closet’ at their most vulnerable point.

The model used to establish the facilities for specific CALD groups, is the ideal and most frequently suggested model for high quality and safe aged care for lesbians- in other words the provision of care settings specifically for lesbians; an “old dykes home”. In the absence of any such residential facilities there are number of culturally safe strategies which could be adopted, including cluster accommodation in existing facilities and conscious visibility of lesbian staff and managers. The Federal government making LGBTI one of the 4 priority communities in the 2018-19 Aged Care Approvals Round (ACAR) funding round provides the opportunity to develop innovative approaches to the delivery of quality, safe care for lesbians.

Quality aged care for old lesbians requires more research evidence and greater knowledge and understanding of older lesbians, their culture and the communities they have created. This requires targeted funding of lesbian specific organisations, such as Matrix Guild, (rather than a hidden but nevertheless blanket exclusion of Matrix Guild from Government funding opportunities) and research to inform more innovative policies and strategies to ensure equitable access to services and appropriate care.

THE TERMS OF REFERENCE

THE QUALITY OF AGED CARE SERVICES AND THE ABILITY TO MEET THE NEEDS OF OLDER LESBIANS

We believe it is very important to pay attention to specifically lesbian concerns and experiences. However, Matrix Guild is most concerned this is not happening. Instead, other groups of the LGBTIQ+ demographic are currently prioritised, sometimes even at the expense of lesbians. Ageing lesbians do not have a great deal in common with the other GBTIQA+ communities.

Because women (biological) outlive men by around five years [2], there are and will be more old lesbians needing aged care services, than any of the other groups. The numbers of gay men over 65 are significantly diminished because of the historical impacts of the AIDS epidemic.

The Australian female population over 65 years is 1 828 611 [2] with around 22 000 lesbians, based on a low estimate of 1.2% of the female population [3] Some estimates are as high as 4% [8]. The sex and age breakdown of national figures for home community services [2] means an estimated 4800 old lesbians are likely to have support and over a 1000 are likely to be receiving home care packages. Women make up 69% of residents in residential care [2] which means at least 2400 could be lesbians.

Recognising lesbians – not necessarily visible

Aged Care providers often, now, are willing and trying to be 'lesbian friendly'. But how is this to be actually achieved, and what does culturally safe care look like in practice?

They may be willing, but are caught in a dilemma: Old lesbians are often (I would say usually) fearful of outing themselves to providers. At a time in their life when they are suffering a number of frailties they simply may not have the strength to advocate for themselves. Providers are not willing to ask outright in case they intimidate or mis-identify lesbians. This requires education of staff by lesbians familiar with, or at least well educated about, the lives and fears of old lesbians. Lesbians can be invited to speak at staff meetings and invited onto the organisations reference groups.

Organisations can develop induction procedures which signal that they are lesbian friendly, eg. the design of brochures, forms, visible photos of lesbians, etc. Although there is a 'Rainbow Tick' accreditation available, which can be educative, Matrix Guild does not recommend its wholesale adoption because some of what it promotes is not lesbian friendly. In addition, very few aged care providers have adopted it which seems to indicate that they are so far unwilling to spend money and time on making their services safe for those under the LGBTI umbrella.

A voiced willingness to treat lesbians "just like everyone else" ***which in practice means like heterosexual women***, or even to, more fairly, recognise our particular needs and vulnerabilities, is of no use if it does not include pro-active steps to change the entrenched hetero-dominant and hetero-normative culture in aged care. Bringing about change in such a taken for granted culture presents enormous challenges for the aged care industry. However, there are some suggestions later for addressing these challenges.

Much greater attention is required to ensure a culturally safe environment for lesbians, in the same way cultural safety is provided for all CaLD groups. An organisation needs to send strong signals that lesbians are welcome, their partners and 'family' are accepted and will be sensitively received and cared for. It needs also to be aware that old lesbians may never feel safe enough, or it may take a long time to feel safe enough, to 'come out' and allow them that right to be less visible.

Some lesbians, especially in the currently old age cohort, have been lesbians without ever voicing that to anyone. Some have not fully admitted to themselves that they are lesbians. Or they may not be comfortable with being named as such in any way. That does not mean that they can be relaxed in aged care settings and are not impacted by things like assumptions that they have never married, or never had a female partner, or never experienced loss of a partner because they have ticked a box on a form saying "never married". The questions and language on assessment and induction forms can be a major barrier to lesbians identifying themselves to aged care services.

Many older lesbians will not, and do not, self identify themselves to aged care providers. A life time of caution and fear, experienced over decades, is not easily overcome. An Aged Care worker may believe themselves to be open minded and accepting of lesbians, but the experiences of old lesbians means they have no expectation of warm acceptance.

Some older lesbians suffered enormously from gay-conversion therapy or overt discrimination and as they age memories re-surface and they may become fearful of authority figures and institutions.

In our experience even lesbians who have lived a relatively open confident life become fearful and closeted once they become vulnerable and dependent on carers, particularly in heterosexual environments.

As one lesbian member of Matrix said: "*When I signed up for Home Care I took down my lesbian art works and photos and hid my lesbian books away."* Another said*, "I mention my lesbian partners and experiences and my comments are totally ignored."* Such reports are very common and indicate how the needs of lesbians are not being met, because they have to hide all of themselves for fear of the negative judgements that can lead to poor quality services and stressful social relationships.

Social Change & discrimination

It is apparent that many people believe that the advent of legal Gay Marriage has ended discrimination against lesbians and gay men. However, the fact is that deeply embedded discrimination and negative attitudes towards/about lesbians are still prevalent and largely unaddressed. This profoundly affects the quality of aged care lesbians are likely to receive because being themselves is highly risky and anxiety provoking.

In some instances, discrimination has risen with increased visibility and public awareness. For example when I researched Violence against lesbians in NSW in the 1990s for the UN approved NGO Coalition of Activist Lesbians (COAL) I found incidents of attacks increased around the time of Mardi Gras. It has become harder to hide from hostile family and community members. Forms of discrimination and negative judgments are multiple and insidious, and most often invisible to those who do not suffer from them – for instance an

aged care worker who is overheard saying," isn't it sad she never had children" is unlikely to be able to meet the needs of older lesbians in their care.

It was common for lesbian couples living together through the 1940s, 50s, 60s, 70s, 80s, 90s and even this century to maintain two bedrooms and separate wardrobes so that they could present to family and non- lesbian friends and workmen, etc that they were 'just friends sharing a house'. Indeed for those lesbians who did have children this behaviour was mandatory if they wished to succeed in custody negotiations.

It can be very hard for aged care services to be mindful of the numerous and difficult decisions older lesbians ***are making everyday concerning who and when*** to disclose being lesbian, let alone one's personal history. Around 40% of lesbians do not disclose their sexual identity to their doctors. Older women well remember that you would never reveal your lesbianism to a doctor, a nurse, a teacher, a social worker, a magistrate, a policeman, co-worker, a boss, your children, etc. There were often too many serious consequences, like the loss of a job or custody of your children. There are still lesbians who feel like this; with good reasons!

"I haven't been able to tell my children I am a lesbian. I am too afraid they will reject me." Matrix Member (2019)

This poses challenges in meeting the needs of lesbians, especially if the models of care assume biological family must be involved. The broad social change in acceptance of lesbians (and GBTI) that has accelerated in perhaps the last 5 years, driven largely by the gay marriage debate, is but a thin veneer over life long prejudice and discriminations. Lesbians regularly report to us that they still experience instances of discrimination and vilification in their families, neighbourhoods, work places, schools, social groups, political movements, sports places, etc.

FORMS OF ABUSE EXPERIENCED BY LESBIANS

The assumption of heterosexuality, marriage and children is particularly damaging and isolating

Service providers and workers assume clients to be heterosexual by default. This is encapsulated in paper work, forms, advertising of services, conversations with induction staff, comments by workers providing care, etc. Women in particular, are assumed to have been married to men and have had children and so are approached with this assumption to the forefront. Other residents and their visitors in aged care facilities will also be operating with this assumption etc. This can result in extreme isolation.

'I get called a "fucking thing" in here and everything, and a "poor excuse for a bloody woman" ' (Margaret, 63 years old at day care) [9]

When Matrix Guild provides anti-discrimination training to service providers they almost invariably say: "We treat everybody the same." As this is their claim to non-discrimination it indicates that they have not the slightest idea about how discrimination is inflicted on and experienced by lesbians.

Treating a lesbian as if she is heterosexual is unacceptable, and is experienced as abuse because it is an attack on our authentic selves and invalidates our lives and relationships.

An older lesbian, especially if she has lived as a lesbian her whole life, has endured many decades of human rights abuses. Any lesbian currently in aged care has lived through an era where lesbians were considered mentally ill, openly reviled and abused in public debate and culture. By ignoring these profound experiences, the assumption of heterosexuality invalidates lesbian existence and personhood.

Lesbians are very likely to have endured:

- physical and verbal attacks, because of being a woman AND also for loving her own sex, and sometimes both reasons together (lesbophobia)
- lesbians are twice as likely (60%) as heterosexual women (30%) to have experienced sexual abuse [2]
- alienation and ostracism from their family members
- refusal of essential services
- discrimination against them in their careers, both covert and overt
- Shock treatment[5], lobotomies[6 7] or pharmaceutical control to 'cure' lesbianism. One of the participants in Matrix Guild's research into experiences of aged care discusses the outcome of having her sexuality defined as mental illness: having shock therapy *'was meant to teach me how to be straight. All it taught me was to keep my mouth shut'.*

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One of the most abusive indignities was often the loss of their children when custody was awarded against them after they left heterosexual relationships. Up until 1984, custody decisions were made simply on the basis that a lesbian was considered a psychologically unfit and dangerous mother, just for being herself. We could cite many examples of this happening, including to our members, when lesbianism was still defined as a mental illness. The cohort of lesbians using aged care services today have all lived through this era. See more details [2] It was not until 1984 that the Australian Medical Association removed homosexuality from its list of illnesses and disorder. When care staff and services are not educated and skilled in areas of trauma like this and sexual assault, secondary abuse follows.

If women have not endured such attacks and rejection, they have probably worked hard to keep their lesbianism a secret. Hiding your true self from your family (including husbands), friends and co-workers causes deep psychological damage and trauma. It means always living with a high level of fear, anticipation and anxiety. *It is a way of life unimaginable to a heterosexual person.*

Whether a lesbian has lived openly as a lesbian, or in hiding, or a combination of both at various times and in various parts of their life, they arrive at aged care with a far greater level of vulnerability than heterosexual women. This is not to deny that heterosexual women may also suffer trauma and abuse in various ways. Lesbian women may also have lived parts of their lives in heterosexual relationships, often due to the incredible difficulty and danger of being a lesbian and also suffered from male violence against them in those relationships. Being lesbian adds another layer to the trauma not experienced by exclusively heterosexual women. Assumptions of heterosexuality are hurtful and for many, psychologically abusive.

It is important that aged care providers not assume that, because a woman identifies herself as a lesbian, she will have had no children. This is another damaging stereotype. Only a minority of lesbians in advanced aged care now will have completely avoided child bearing.

This is more likely for women currently in their 60s and 70s. However even then the figures for lesbians over 60 having had children is about 60% [5]

As conversations about children (and grand-children) are extremely common for older women, they can impact negatively on the everyday interactions and social environment of aged care services and accommodation for lesbians, both with and without children. Current models and practices of aged care still largely assume that people have children or other family members to care for them, or manage their care services. For childless lesbians and for lesbians ostracised by their families this will not be so, and there may be no-one to help them navigate the aged care system, or advocate for them if there are problems with the quality of care. Neglect of their needs is a form of abuse.

Withholding of services

Denying a service or assistance is a form of abuse. COTA reported one CVS coordinator saying

"*We noticed with our client base (as we are funded for both CaLD and LGBTI+ clients) that service providers don't seem to have issues with identifying and referring CaLD clients while identifying and referring LGBTI+ seniors seem to be more difficult. I had nursing homes flat out denying anything to do with LGBTI+ seniors or others were afraid of their management's response (Catholic service provider) and* ***asked not to identify the person as LGBTI+ on the referral form***." [7]

Despite changes to the legislation,(regarding faith based organisations in receipt of government funding) ageing lesbians (and gay men) are still at serious risk of being denied access to vital programs like the Community Visitor Scheme, respite care etc because of religious prejudices and the past practices by the gatekeepers of faith based organisations funded to provide services.

We are aware that the training and education funded by the government to support the 2015 National LGBTI Ageing Strategy, has not been undertaken by a number of faith based organisations and services across Australia. This highlights the problem of mainstreaming services for cultural groups like lesbians and gay men and requires a quite different approach to create safe environments and services for lesbians.

Interventions by biological family members

Lesbians are much less likely than heterosexual women to have primary carers from biological family. For some, family have been a source of rejection and even abuse. Historically family have very often stepped in to assert their socially recognised superior rights to an individual lesbian's resources and care decisions once she becomes vulnerable through illness or hospitalisation. They have pushed out partners and close trusted friends who are carers and even mounted court cases against a lesbian partner. This has often been with the support, or acceptance, of health service and aged care service staff and providers.

Clear policies need to be put in place to prevent this, as it is a form of abuse. Even if biological family have been given a guardianship role, and do not want any lesbians around, contact with the lesbian community is a basic right that must be advocated for by aged care staff. More so when it also involves a family grab for the lesbian's assets. Refusal to recognise, support and respect a lesbian's lesbian identity, life, partner and her lesbian community is abuse. It inevitably causes deep distress, anxiety, loss and grief.

CAUSES OF SYSTEMIC AGED CARE FAILURES FOR LESBIANS

Lack of knowledge about Older Lesbians

Most non-lesbians lack knowledge and understanding of ageing lesbians and their culture. They are very likely influenced by stereotypes and distorted concepts propagated by the mass media and uninformed social discourse. Pornography, increasingly consumed and influential, adds another layer of misinformation and skewed perceptions.

Even public LGBTI culture, dominated by youthful activities and values, will create imaginings about lesbians that do not coincide with the realities of **older** lesbians' lives and their personhood. Providers (and others), for example, may stereotype lesbians as being invariably 'butch' presenting, and therefore fail to realise that a woman they perceive as being 'feminine' is actually a lesbian.

On the other hand some older lesbians have reported trying to dress in a more 'heterosexual' or 'feminine' way once in aged care to disguise themselves. Education about the huge diversity in what an actual older lesbian looks like, and what her life might have been like, and what her specific fears and vulnerabilities are is sorely lacking both in Aged Care, and in the community in general.

It is not sufficient to depend on the mass media to fill this gap. Many non-lesbian community members think they know about lesbians because we are more visible in the public sphere now and are just like Ellen De Generes. However even quality publications misrepresent older lesbians. Sadly even the government funded peak LGBTI organisations are sometimes doing lesbians an injustice.

The core source of information should be older lesbians themselves – **nothing for us without us**, is a basic principle claimed by several peak LGBTI+ organisations. Unfortunately, this has not materialised in the practices of some peak LGBTI groups tasked with delivering education to the aged care sector.

For instance:

- A trainer who was/is delivering government funded training, was a younger lesbian who would not refer to herself as a lesbian and would not use the word lesbian, because ''it's not a nice word''
- The initial training materials for the aged care sector, contained absolutely no information or resources about any lesbian specific organisations

Gatekeeping And Discrimination By Some Peak LGBTI Bodies

In 2015 a detailed document written by Matrix members Anneke Deutsch and Helen Daintree for the Matrix Guild of Victoria, analysed and evaluated the *National LGBTI Aged Care Inclusiveness Training Manual***.** This training was provided free to the aged care sector and comprised a one day workshop**.** These two professional women are highly experienced women in the areas of lesbian health and ageing.

They found numerous problems. For example in terms of just the **amount of content**, the column inches dedicated to specific groups were:

Lesbian 2.65 inches of space/ content
Gay men, 12.85

Bisexual 0.9
Trans* 34.5
Intersex 17.75.

Thus, the training manual was educating workers in the most detail about the smallest minority, and largely overlooking and minimising any content about the largest group of aged care users ie lesbians.

Without going into further detail, it needs to be said that aged care LGBTIQ training courses are heavily generic and:

- minimise lesbians,
- ignore specific information about older lesbians and their distinct culture and experiences
- misrepresent lesbians understanding of their sexuality identity formation
- provide NO links to actual lesbian organisations
- neglect to adequately consult lesbian aged care users.
- focus large portions of training on issues of interest to younger LGBTI people delivering the training (e.g. genderqueer) which is not of relevance to ageing lesbian and gay people.

Most of the gerontological research into LGBTI ageing consistently under represents old lesbians. Perhaps because the research takes place in a cultural milieu of an homogenised LGBTI community and some peak organisations from which women interested in lesbian issues have historically been excluded, having been established to concentrate on sexual health issues of gay men.

We believe the 2018 **National LGBTI Training Manual for Aged Care Workers** also largely ignored the special needs of lesbians. Our exclusion from resource production means we did not even get to see the results of initiatives we offered expert input for.

Matrix Guild is also not listed in the resources at the end of LGBTI Aged Care Action Plan which was released in February 2019. This was despite the fact that Matrix Guild put a considerable amount of effort to contribute to the plan. Not only did we write contributions, we also spent time meeting with a consultant from Sydney. This included the provision of video resources. They were ticking their boxes consulting with us, but then chose to leave out any link to or reference to the only specific voice for older lesbians in Australia.

What is the basis of this systematic failure

LGBTI organisations and leaders are not supporting us and are ignoring our requests for funding. In short, they disagree with our very long existing culture of being for women only. They expect older lesbians to adopt contemporary LGBTI cultural values and ways of organising and providing services. There is open hostility to our refusal to accept their proscribed cultural, theoretical and political values and language.

Whilst we lesbians are certainly a diverse community in relation to ethnicity, class and geography, we are certainly not a '**gender diverse**' organisation or culture. We are all lesbians of the female sex, raised female, and have *same sex* relationships. Unfortunately, this simple statement of fact is currently viewed as totally unacceptable by key organisations.

It is expected that we change our membership policy to accord with contemporary LGBTI perspectives that conflate sex and gender and insist on a uniformity of belief and language among all LGBTIQA+ communities. We are informed at a very senior level that if we do not

conform, there can be no funding/ support of lesbian specific programs or ageing research because to do so would not be inclusive. Hence, our valuable work over 26 years remained unfunded by government. From where we stand after years of activism for the rights and autonomy of lesbians and women, we find that in such peak organisations, there is very little lesbian inclusion, tolerance and respect of our different realities and experiences.

LGBTI bodies are now the gatekeepers and government has handed funding and responsibility to what they see as representative LGBTI organisations. This means our direct access to government funds is totally blocked. There is an assumption, widespread in Australian culture, that an entity known variously as LGBTI or LGBTIQ or LGBTQIA+ or Queer etc represents all non- heterosexual people or communities. This is an illusion that the peak bodies like to promote because it affords them influence, funding and employment. Meanwhile the long hours the Matrix Guild has put into funding applications for the ongoing work of the organisations are consistently rejected.

Lesbians feel short changed and devalued by this situation and it seriously undermines the capacity of government to provide aged care services and inform policy that might overcome the systematic failures of aged care for lesbians.

There are also older gay men who feel the contemporary Queer movement is not representing their values, needs and lives. Some intersex people object to being conflated with transgender people and how their very different needs and political objectives are obscured.

This *diversity blindness* is similar to the situation when the diversity among ATSIC communities is unacknowledged or given due weight. This in turn contributes to policy failures, significant needs going unmet and opportunities for innovative changes being missed. Diversity blindness on the part of LGBTI+ organisations who consult with government and administer government funding of aged care programs for the 'umbrella people' is a cause of systemic failure in meeting the aged care needs of lesbians.

Non LGBTI organisation Discriminations

Just a couple of examples: In early 2019 the Darebin Council (inner north Melbourne) began a consultation called "Towards an Age Friendly Darebin". Two Matrix Guild committee representatives attended a focus group and members made some written submissions. When the draft report was published in April 2019, we were shocked and disappointed to find that none of our input or recommendations were included, nor had the word lesbian been mentioned or the Matrix Guild. We had to make further representations and in the final report there was a recommendation in our favour. However, we ask, did other minority or special interest groups have to make that extra effort and lobby simply to be included?

In 2018 COTA published *"Safeguarding the End of the Rainbow: a resource on end of life planning specifically for LGBTI people"* which featured mainly transgender elders and had almost no lesbian content even though it was purportedly produced to educate end of life planning for all LGBTI elders. Given the paucity of lesbian specific content, we felt it was not suitable to distribute to our members.

FUTURE CHALLENGES AND OPPORTUNITIES FOR DELIVERING ACCESSIBLE CARE TO LESBIANS

Women Only Spaces will greatly assist in providing a culturally safe and high quality environment for ageing lesbians

One of the key differences between the needs flagged by LGBTI organisations and those proposed by Matrix for lesbians, is the need for provision of some lesbian specific spaces. This is instead of mainstreaming all services and trying to train every aged care worker about LGBTI needs and care - a mammoth task.

Our members, and older lesbians we have surveyed and spoken to, regularly express a strong desire for women only rooms and/or hospital wards, rehab wards and sections of residential care homes. Generally, they also want women only staff to provide care. Especially intimate personal care like showering, washing, dressing, etc, Just as some other cultural and religious groups do.

No doubt, given the epidemically high level of violence against women perpetrated by men, and current well publicised incidents of sexual assault against women by male providers in aged care, many non-lesbian women would also prefer this option. Especially women who have experienced sexual assault in their lives, which is at least 30% of all women.

We therefore advocate for the provision of women only wards, sections/wings of facilities and rooms in aged care facilities, including hospitals. And for the right of women to request and have women only attendants, nurses, carers, etc.

We recognise that this may have economic implications and remember sadly the time when women only wards in hospitals, for example, were done away with. Presumably in the interests of financial savings, greater availability of beds, etc. None-the-less we feel this is poor policy that ignores the dangers to women, trauma triggering and anxiety producing feelings of lack of safety.

Though most male staff members may well be very good nurses/carers and respectful, caring, and non- abusive humans it remains that women live, and have lived, their lives in a society in which rape, beatings, threats and abuse from men have been and still are, commonplace and epidemic. Some male carers have been proven (in the courts) to be abusive, violent and rapists.

Once in aged care a woman feels more vulnerable, less able to physically defend herself, less able to speak up for herself and make complaints. Calling out abuse, and especially sexual abuse, is hard at any time and very much harder once dependent, increasingly frail and possibly without any family advocates.

Whilst this is difficult for all women it is exponentially harder for a lesbian woman. Female workers, of course, can also be abusive towards women clients and prejudiced against lesbians. However, we are dealing in this instance with the need for women only spaces and care, despite this lower danger.

Lesbians must be afforded the right to request and receive care from only female attendants/carers/nurses. Such an **option for care needs to be offered** up front and not simply available to those with the courage to ask. Care recipients need to know they have the right to express their wishes.

A few LGBTI groups/organisations/advocates are aiming for some LGBTI only aged care facilities or at least LGBTI sections of general aged care facilities. Some private initiatives

are starting to emerge e.g. Arcare is due to open a residential facility on the Gold Coast (Q) where 2/3 of the 90 places are designated for LGBTI seniors. Our organisation, and many lesbians we consult, voice a desire for lesbian only sections of such facilities to be available as an option.

WHAT THE AUSTRALIAN GOVERNMENT CAN DO

Personal Guardians

We would like to see a funded body established which will enable the appointment of a personal guardian to guide each aged person through the maze of aged care. Currently the NACAP body and its associated Older Persons Advocacy Network (OPAN) provides a starting point. However, it does need some development. For instance, the OPAN site mentions CaLD, ATSIC, veterans and people with dementia as people they can assist with. There is no mention of LGBTI, or any indication that this organisation might be lesbian friendly or be able to provide an advocate who is sensitive to the needs of lesbians. A case manager approach would also assist.

Some people have a trusted, kind, well meaning and capable family member or friend (or both) to care for them. Too many do not. Lesbians are less likely than other people to have an appropriate carer or supportive family member.

As soon as a person finds managing their own aged care difficult there needs to be an agency which facilitates the appointment of a personal guardian who is supervised, trained and trust worthy. This person would manage or assist the older person to navigate assessment and registration of Home Care, supervise home care provision (if necessary), be an advocate and supporter during any medical appointments or procedures, and hospitalisations. They would also assist in researching and supervising any move to an aged care facility and then be a regular visitor to ensure good treatment in through the aged care facility and any palliative care that might be required.

Ideally this guardian would be one consistent person throughout the journey from the point of requiring aged care to death. This is necessary because having a multiplicity of carers is not satisfactory as lesbians have to go through the stress of deciding all over again whether or not to come out to the new personnel. Important needs, incapacities and problems are easily missed by aged care workers flitting in and out of a person's home and life. A person who fully knows the personality, the resources, the background and the capabilities of the old person is much more likely to ensure quality of care and appropriate service provision. By remaining in connection for a longer time this effect is enhanced. Existing agencies are stretched and are proving inadequate. For example the Victorian Public Trustees had 48 different workers servicing one client within a 15 month period this year. It is inconceivable that all these workers had adequate insight into that client or good oversight and thorough follow up.

Lesbians require workers who, at the very least understand and acknowledge in a compassionate way their particular circumstances, culture and history of discrimination. It should be possible for lesbians to have a lesbian personal guardian or advocate, assigned to them. Though choice of guardian would be up to the individual needing one while compatibility is also important.

Though this might seem an idealistic idea – not least from a financial point of view – I believe it would avoid many pitfalls and gaps. A well assisted elder is less likely to require hospitalisation, be financially abused and thus loose resources required for her care, and will

be more able to make the best decisions about the steps she takes through the ageing journey. At present there are private companies who offer something like this, but the fees are well beyond what most lesbians could afford. This is where OPAN could do more for lesbians, provided a **case manager approach** is taken to circumvent the constant need to decide whether or not to be open as a lesbian.

Admitting or asserting a lesbian identity or life experience to carers or authorities is easier for lesbians if they have a support person. Otherwise they may be alone in expressing who they are and their needs, in what they perceive of as a threatening, unsafe or judgemental environment.

Language hitches and confusion and the policy of issuing glossaries of "correct" definitions and terms

It would be beneficial if the government took the initiative in relation to language in policy and program documents and not just for the aged care sector.

Old lesbians may prefer various terms to refer to their lesbianism. Terms variously used by older lesbians include: lesbian, gay, camp, dyke, gay lady, Friend of Dorothy, same sex attracted or refer to their partner as just 'my friend'. Historically lesbians have sometimes negotiated the problem of restricted access to partners (e.g. in hospitals) by declaring themselves to be (biological) sisters, or cousins.

Matrix Guild recognises that not all older lesbians will actually use the term 'lesbian' to describe themselves. However, **this is our preferred term**, not least because some of our committee and members fought for lesbian identity to be recognised and accepted at a time when it was totally invisible, repressed and hidden to our detriment.

This of course makes it difficult for providers to know which term to use for any given client. We can only advise that this be assessed and decided on an individual basis. Admittedly it makes it much harder than, for example, being inclusive of someone form an ethnic minority group.

A problem with appropriate language use in referring to lesbians are the terms being promoted by government funded LGBTI organisations working in the Aged Care provider education. Especially very contemporary terms like queer, gender diverse, genderqueer, transgender, trans*, gender questioning, cis, cisgender, etc. We would not refer to ourselves as 'same gender attracted' even though this is how we are increasingly being labelled eg Minus18 resources.

Many old lesbians have not used and do not know the meanings of most of these terms. Nor, by the way do most aged care staff. Whilst the LGBTI aged care lobby is pushing for providers to educate staff in this contemporary use of language in order to not cause offence, some of the terms are controversial, confusing and irrelevant. It is damaging to expect old people to learn and conform to using such terms, or be addressed by such terms, when they do not reflect the realities of their lives or perspectives on the world.

There is an element of ageism in trying to mandate linguistic/political concepts used by young activists to refer to lesbians. Most are inappropriate for older lesbians and they either reject or do not identify with them.
One example:

In late January 2019, Housing for the Aged Action Group (Victoria) undertook a survey of older LGBTI people to ask them about their current housing situation and their

understanding of housing options to inform their funded “LGBTI Elders Housing Project”. In this survey they asked elders to answer the question “What is your preferred pronoun?” In the report on this survey they found:

“2. Preferred pronoun:

***Many participants were confused by the question, and wrote Ms or Mr as their pronoun**. Feedback from a transgender participant requested we remove the word "preferred” from the questionnaire. Question in online survey is now "What is your pronoun"?“*

This shows that the people behind these kinds of projects do not understand that older lesbians (and other LGBTI people) do not relate to the somewhat ill defined contemporary ‘gender diverse’ and ‘trans’ concepts and language creations. Furthermore, even when this becomes apparent, the language in the surveys is not altered to make it more comprehensible and precise. Simply saying “What is your pronoun?” instead of “What is your preferred pronoun?” will not stop old people struggling to interpret what is being asked for. Or answering Mr or Ms. Most people have not heard of, nor use the concept of identifying themselves with pronouns. And even if they have, some do not want to be forced to use novel, unusual and confusing self descriptors.

The confusion and lack of precision will then be perpetuated when education for aged care/housing providers is produced from such surveys. Meaning that they too will be given ‘tools’ and ‘information’ about how to address elders which both the providers and the older lesbian (and other LGBTI) clients will be further alienated by, and this will block effective communication and thus, in this instance, determining needs based solutions.

NB. Preferred pronoun is an LGBTI concept in which a person indicates whether they want to be called he, she, they or some other denominator (e.g. sher, shim, zie) which might, or might not, be referring to their sex or their gender presentation.

The My Aged Care website/portal

Whilst much progress has been made in relation to the visibility of LGBTI communities in government information and resources, further attention needs to be given to the My Aged Care website. At present services can indicate which special groups they cater for and this information is a filter for searches by prospective aged care users. However, our members report that nearly all of those who list LGBTI as a specialty, also list 8-10 of the other special groups, in other words, they specialise in everyone. This is an indication of the extent to which special needs will be neglected and everyone will be “treated the same” and so not a suitable service. On checking the individual organisations presented in the results of searches for different states, almost NONE made any mention or had a symbol of LGBTI on their home page or any other section of the website. Whilst this filter is an excellent idea, it is of no value in its current form. There clearly needs to be a mechanism through which such claims are verified and based on evidence of the capacity of organisations to cater for LGBTI people.

Recognise Lesbian Cultural Differences in policy and funding programs

There is a perception that the so called LGBTI movement is a homogenous monolith which benignly encompasses all its various sub groups. This is not true as there are many differences in expression, life experience, oppressions, etc. There are also tensions between the different communities within LGBTI. These must be recognised and understood if a truly responsive aged care strategy for lesbians is to be put in place.

The reason many lesbians require and want women only spaces in aged care is that they have spent their lives socialising in women only/lesbian only communities. They have minimised the negative influences of a judgmental heterosexual world. Many lesbians were far more likely to participate in the women's movement from the 1970s on, and many were not active participants in the mixed Gay Rights movement.

There is a large cohort of Australian lesbians who never really identified themselves as belonging to, or properly represented by, the mixed gay rights movement which transformed itself into the Queer movement and then the contemporary LGBTIA+ cultural movement.

Lesbians, especially in all the capital cities (therefore representing the largest proportion thereof), attended primarily women's movement political and social activities. Lesbian activist groups organised women/lesbian only dances, socials, dinners, conferences, seminars, bush walking groups, motoring groups, tour groups, holiday houses, book reading groups, residential communes, share houses, music bands, printing presses, publishing houses, concerts, plays, newsletters, magazines, community centres, and much more. For example, to make clear the size of this movement, a Saturday night dance in Melbourne hall regularly drew up to 2000 participants.

This was a huge, vibrant and thriving culture throughout the 1970s, 80s and into the 90s when it started to decline. Not least because this entire Lesbian Cultural Phenomenon was underground and financed solely by the lesbians creating and participating in it. No-one, including any level of government, was interested in funding any aspect of it. In fact often venues had to be hired under false pretences (e.g. women's sewing circle) because bookings suddenly were cancelled when the venue found out it had been booked by lesbians.

The activists protecting and developing this culture decided to concentrate more on their own financial survival and longer term future. This was when Matrix Guild was set up in 1992 to work on plans for surviving and thriving in old age. It was based on the premise that as we had never had any outside funding and would be unlikely ever to get any, then we better come up for strategies for a bearable life in our older age. This premise is still by and large proving to be true. The slight change being that it is not quite as dangerous to be 'out' in aged care. But it can still be pretty frightening if the service is not openly welcoming to and supporting of lesbians, and can be a very isolated and depressing life if you are the only lesbian there in a heterosexual environment.

Many lesbians in aged care, and those shortly heading into aged care, having embraced this female centred way of life, have no interest in changing to, or being pushed into a 'Queer' cultural melee. Some lesbians who were/are comfortable there, may have. However, for most, the oft expressed dream of a 'lesbian only nursing home' remains their preferred option. This desire is also one of the most consistent research findings on ageing lesbians, both here and overseas because it is the only option which would allow lesbians to continue to live a relaxed woman centred daily life, despite ageing.

The current Lesbian Culture grew in tandem with Women's Liberation and other forms of feminism. Its participants were wary of the Queer gay rights movement, which often differed sharply in political and cultural values. Feminist lesbians were, and are, strongly critical of racism, ageism, classism, sexual objectification, support of paedophilia (apparent in the gay movement press in the 80s and 90s), hierarchy, commercialism, corporatisation and other aspects of the Queer/LGBTI movement.

Recognise there are many differences between lesbians and gay men

An undermining false assumption is that gay men and lesbians share the same histories, life experience and culture, except for just one aspect- the previous criminalisation of gay sex.

There is inadequate understanding in the general population, and even within the LGBTI movement and industry (of government funded bodies) that gay men and lesbian women maintained fairly separate cultural expressions in the 20 h century. They only intersected spasmodically. Gay men also had their strictly men only bars, saunas and beats and were more publicly visible then and now, while lesbian social life was organised more heavily around private parties and functions.

Whilst in the age group now over 65, some lesbians and gay men befriended and socialised with each other it would be fair to say that most did not. Gay Liberation and Women's Liberation were drivers of change which grew out of, and was an expression of, a social zeitgeist quite different to the 21st Century desire for assimilation into the mainstream. Challenging this unhelpful myth of the two groups basically being the same because we love our own sex, needs to be part of all LGBTI information about ageing lesbians and gay men.

Lesbian culture and meeting places were very heavily influenced in atmosphere and culture by the advent of the Women's Liberation Movement. Places of meeting were then created by feminist lesbians – who tended to be more courageous in creating public and even semi-private venues and events. However, some were too cautious or too non-political to join in with the women's liberation inspired lesbian spaces and organisations created in the 1970s. Nevertheless, many less-political lesbians were attracted to them because they were the main, or even the only places, where they knew they would meet other lesbians, depending on which city or town you lived.

It was always easier for gay men to find other gay men, especially with their much more extensive commercial social scene. Lesbians found it more difficult to locate and meet with other lesbians. Therefore, it is likely that a lesbian using aged care services may have had less contact with other lesbians, or any lesbian organisations, than a gay man has had with their culture.

It is disrespectful and alienating when younger people, now in charge of LGBTI organisations, force their current priorities and value systems onto their elders who fought for their rights during the hard times of rampant homophobic violence and rejection.

We believe those working in the Aged Care sector must consult directly with older members of the lesbian (and gay men's) community when pressing for aged care initiatives and designing aged care training. It is Matrix Guild's experience that his is not currently happening in any meaningful or respectful way.

WHAT THE AGED CARE INDUSTRY CAN DO

Dealing with Staff Prejudices

Whilst most staff may be accepting of lesbians it is important that all staff have some level of training about the effects of discrimination on old lesbian clients and be trained to treat them with respect and courtesy as well as be able to assist them in staying connected to their families of choice. Currently most lesbians are not confident that this will occur. And with good reason because some staff will have some level of prejudice and possibly even hatred or disgust towards lesbians. Education and ongoing professional development are essential, especially for those staff who come from non-English speaking cultures or conservative religious backgrounds.

This is evident from the public discourse eg. “All gay people will go to hell” being espoused by an infamous sportsman. A third of Australians voted against gay marriage. Some of those people work in Aged Care, and there are many faith- based aged care services who can legally discriminate against lesbian workers. It is impossible for such organisations to provide a homely environment in which the life experiences and perspectives of old lesbians are understood, let alone celebrated and validated by staff. Despite this, at the time when a lesbian is in need of residential care, such a care facility might be the only one with a vacancy.

To increase safety, the principles and practices of cultural safety are of paramount importance

All age care providers should think about how to create a lesbian safe service.
Induction procedures, visible signals such as lesbian couples being pictured in brochures, lesbian symbols or a rainbow flag, resources (such as literature) which direct lesbian clients to lesbian (or LGBTI) support organisations and activities, will all help with this.

Obviously, staff should be trained to be non-judgemental, but also trained to have some cultural understanding of lesbians. However, this cannot be achieved through a one hour online learning module about LGBTI+, or even 4 hours face to face workshop. Discriminatory attitudes and beliefs cannot be shifted so quickly and require some ongoing professional development. We recognise this might be a challenge given the nature of the community and residential care workforce.

Despite sharing lots of similarities, lesbian culture differs from ethnic cultures because is less obvious and visible. Importantly, it is not passed on to children in families or religious communities. It has its own history, literature, music, media, films and significant events. Naturally lesbian culture intersects with multiple cultures and social groups. A Muslim lesbian may find that her faith or ethnic background obscures her lesbianism because it is more readily apparent to the worker.

Employing lesbian workers and supporting their visibility in the workplace is the one of the easiest and most effective ways of ensuring high quality care for elderly lesbians. Lesbians understand lesbians and can provide genuine empathy which is known to be one of the best shields against stigma, shame and insecurity and in turn improve well- being.

The difficulties of recognition by staff and the feeling of safety of the lesbian is instantly solved by this strategy. As there is a higher proportion of lesbians working in the ‘caring’ professions than in the general workforce, this is not a difficult solution to put into practice. It has been our experience that when lesbians of our community have home care packages, are in hospital, aged care or palliative care we heave a sigh of relief when we recognise one of the workers, or managers, is one of us.

This also applies to lesbian carers looking after their non-lesbian family members. It is far easier and more relaxing to be dealing with lesbian (or gay male) staff, workers and professionals. This is because carers also face prejudice and experience fear and wariness of being judged by clients, residents or their visitors, or being dismissed, especially in some faith- based services.

If the social climate keeps shifting towards more acceptance of lesbians and gays it would be ideal to create a register of lesbian or gay and lesbian friendly service providers and advertise them. The Silver Rainbow project of the National LGBTI Health Alliance would be well placed to provide this really vital information. Unfortunately, just 5 providers are listed for the whole of Australia and 2 of those links appear to be broken. Listing every organisation that has undertaken, or is currently undertaking the Rainbow tick accreditation would be hugely helpful. There also needs to be a section for specific recommendations and feedback.

One problem of course being that generally old people like to move into residential facilities near where they have been living, or near to family or friends and community. A specific facility or few facilities can only be in limited locations. But at least if these options are available, elders can decide if the benefit of a purpose-built facility is worth moving to a new location.

Providers currently must seek out and make themselves familiar with resources to enable lesbians, as much as possible, to continue to participate in their own community. e.g. a local lesbian book club, publications or coffee meet up. There is some availability of lesbian (or gay) volunteer community visitors and this should be accessed if possible. Higher levels of funding for CVS and tech based CVS for rural and regional areas would greatly improve the access to quality care for lesbians outside of major cities.

A lesbian is more likely to have a non-family carer, either a woman partner or a lesbian friend than a heterosexual woman. Providers should ensure that these carers are treated and involved in the same way a biological family member would be. Every lesbian has a right to have a non- family member as their primary carer and they should not be side lined when the elder loses mental capacity.

Though some lesbians might prefer lesbian, or women only, staff and attendants some (or most) will also feel somewhat safer with gay male staff, who also have a deeper understanding of their status as hidden or social ‘outsiders’ in a hetero-dominant world. And will be on side if any lesbophobic comments or behaviour happen. If an organisation is more obviously inclusive of differences in general, it will feel safer to lesbian clients.

In service provision, such as hair dressing, personal grooming, assistance with getting dressed and personal grooming, etc it should be noted that assumptions about personal appearance must never be made or enforced e.g. no pressure should be put on a ‘butch’ identifying lesbian to have a more ‘feminine’ mode of dressing or haircut. It is quite likely that if dementia or simply fear to assert one’s identity sets in, carers may start imposing their own heterosexual cultural values on the lesbian. e.g. applying makeup to someone who has never used it, even though this may be conceived of as well intentioned. “Let’s make you look nice.” “Let’s paint your nails.” Of course, some lesbians may appreciate this kind of appearance grooming. To others it is abuse. Lesbians should have the right to refuse, and when they lose the ability to refuse, it is incumbent on the provider to make sure they are not imposed upon.

WHAT ARE OUR CONCERNS

Faith-based organisations are still permitted to terminate the job of an employee who has a 'lifestyle' of which they disapprove. Since a very large number of Aged Care services are owned by religious institutions, lesbian staff have to be cautious about being 'out'. A climate of fear is created and lesbian clients/residents are less likely to be welcomed by 'out' staff.

It was only in 2013 that it became illegal for Aged Care providers run by faith-based organisations, to refuse accommodation or discriminate against LGBTI people. Up until then the exemptions that such organisations had for the Sex Discrimination Act permitted them to discriminate [7]. This level of state sanctioned prejudice is very recent and foremost in the minds and concerns of ageing lesbians. It really restricts the choices and options lesbians have (compared to heterosexual women) for receiving appropriate care in line with the goals of person- centred care and equitable access.

Matrix, despite our experience and proven record in aged care and support of older lesbians, is unfunded by government and therefore unable to employ staff, collect data, or adequately influence policy. We are a fiscally responsible and well accountable group, with a highly qualified management committee and a (volunteer) treasurer. We do not have any funds to employ paid lobbyists, submission writers or grant writers.

We get a small amount of funding from a local Council, Seniors Week Victoria and the rest of our funding comes from small membership fees, occasional donations and bequests. The bequests have so far been solely targeted for providing actual physical housing for older, disadvantaged lesbians.

We have out many unpaid hours into applying for numerous grants and asked for support from LGBTI organisations and government. Annually months of work have gone into applying for grants only to be rejected. For example; We have visited Ro Allen the Victorian Government Commissioner for Gender and Sexuality specifically to ask for government funding and been told we will get no support as long as we focus only on lesbian services. The Equality branch of the Victorian Government refused our application to the LGBTIQ Community Grants Program in June 2019. We have had similar experience with Gay and Lesbian Switchboard in Melbourne. There is no other voice or advocacy specifically for old lesbians in Australia. Matrix Guild is the sole voice. This could be compared the considerable level of funding and number of funded advocacy groups for others such as trans people.

It is crucial that substantial research be conducted in Australia to understand the significant factors and diversity which shape the specific needs of old lesbians. For aged care providers and policy makers, the unknown needs of old lesbians are likely to result in crucial needs remaining unmet and compromise the essentials of consumer-directed care and the Aged Care Reform Strategy. By building comprehensive knowledge and critical analysis, old lesbians will indeed be able flourish throughout their old age. Matrix Guild is well placed to be involved in this research.

INNOVATIVE MODELS OF CARE AND GOOD MODELS OF DELIVERING CARE TO LESBIANS

The most frequent and consistent finding of research here and overseas is that ageing lesbians see a lesbian only facility, an 'old dykes home' with lesbian staff, as the most desirable and safest form of aged care. This is related to a complex of issues including, a shared history and lesbian culture eg literature, music, film and social events; the significance of families of choice and community; the much higher rate of sexual abuse

experienced by lesbians compared to heterosexual women; an ongoing preference for female company; and a freedom to live a relaxed lifestyle without the need to hide core parts of themselves from heterosexual people or even family members.

Many lesbians have consistently and repeatedly expressed to Matrix (and other lesbian organisations) their strong desire for a lesbian only facility; “An Old Dykes Home”. Songs, poems, skits and plays have been written on this theme. There is no doubt many lesbians would love this option or choice and can see no difference between the benefits derived from culturally specific facilities for other cultural groups and the benefits for lesbians.

There are plenty of instances of culturally specific aged care facilities being funded by the government: Italian, Muslim Lebanese, Christian Lebanese, Finnish, etc. Many of these are not for profit and use a model that has:

- on site independent living for anyone, regardless of age from that cultural community to provide for ageing in place
- supported accommodation using home care packages
- residential care
- specialist dementia care
- facilities, eg cafes, shops that the cultural community living off site come to use as a matter of course
- in built volunteering by community members.

Many lesbians would accept a Gay and Lesbian residential care facility, especially if there was a woman only section. This concept of a distinct and separate woman only area of a gay and lesbian facility has repeatedly been requested by lesbians when such facilities have been advertised, proposed or researched. Arcare, a private aged care provider is about to open a facility in Queensland, with 90 places, 60 of which are allocated LGBTI places and offers both permanent and dementia care. Government funding for specified places is an encouraging initiative and members of the regions LGBTI communities have been invited to participate via an advisory board. Despite the high entry and care costs which would exclude many lesbians, Arcare is in a position to develop a good model of quality, safe care for lesbians.

While Matrix Guild was formed with this goal in mind, it has so far proved outside of the financial and practical resources of the lesbian community. Also, possibly, because younger lesbians are not focussed on their future aged care needs and therefore not particularly interested in assisting towards this goal. Once lesbians reach the age/condition where they may need a residential facility, they have passed the stage when they have the energy to implement a complex organisational structure such as this.

Neither type of facility exists yet in Australia despite a number of concerted attempts to establish at least some gay and lesbian ones. Therefore, it is incumbent upon all providers to, at all times, operate with the cultural safety model of care, facility and service developed for CaLD communities, to ensure lesbians feel psychologically comfortable and receive high quality care.

Whilst the model used to establish the facilities for CaLD groups, is the ideal model for lesbians and would be most welcome, there are several low- cost options. These include

accommodation clustering that could be implemented promptly by some larger organisations to create a few culturally specific choices for lesbians. This has the advantage of also providing the staff with options about working in lesbian residents.

Other good strategies include:

- lesbian care staff and managers being visible as lesbians in the workplace
- advertising that lesbians are welcome to apply for positions with the organisation.
- establishing a public rating/review site with a category where consumers can see comments about quality of care for lesbians

However, the right of faith- based organisations to legally refuse or terminate employment of lesbians and gay men, negatively impacts on this as an effective system wide strategy and in doing so significantly restricts the number of choices (i.e. access) available to lesbians (compared to heterosexual women) when seeking culturally appropriate and client- directed care.

RECOMMENDATIONS

We propose the following recommendations for inclusion in the final report

Our Three Key recommendations are:

1) Greater recognition in government policy, funding and training be given to lesbians as a distinct cultural group with specific unmet needs, that are different from the other GBTIQA groups.

2) To improve the quality of care and options for lesbians, facilitate the establishment of at least one lesbian only residential care setting in each major city based on cultural safety models used in CaLD ageing services. This could be achieved via ACAR (Aged Care Approvals Round)

3) Establish an accessible and regularly updated review/feedback website of aged care services, so that lesbians know their best options for lesbian friendly care and can avoid providers who have failed to take steps to provide high quality service and care for lesbians.

Suggestions For Further Action:

1. Greater recognition be given to lesbians as a cultural group distinct from other LGBTIQA groups in government consultations and publications

2. Fund standalone lesbian organisations to educate aged care providers on lesbians

3. Require Aged Care providers to recognise, document and work to minimise discrimination against lesbians, via direct consultation with older lesbians and the quality audit mechanism

4. Introduce reporting mechanisms when funding LGBTI peak organisations working on ageing issues to eliminate discrimination against lesbians and/or minimising lesbian experiences and knowledge.

5. Government calls for expressions of interest and applications for funding, to demonstrate an equitable distribution of funds to lesbian specific issues, concerns and priorities, as well as the steps taken to ensure lesbian visibility in the projects and within the organisations themselves.

6. Require LGBTI providers of services or training to genuinely consult and include older lesbians who may not share queer perspectives and culture.

7. Adequately fund the writing and distribution of, training manuals/videos/training programs etc with specifically lesbian content rather than general and generic LGBTI.

8. Providers should be sanctioned by government if they do not take measures to provide lesbians with safe and friendly care. Funding should be made dependent on this provision.

9. Adjust the My Aged Care website filter for LGBTI so it better identifies those services that have **demonstrated capacity** to meet the needs of LGBTI communities.

10. Provide resources to OPAN to enable them to provide lesbian advocates and continuity of support by the advocate after first contact.

11. Determine why there has been relatively low levels of uptake for the Rainbow Tick accreditation and instigate a review of the material so it to better represents and educates about older lesbians.

12. Encourage LGBTI organisations to address their ageism and evaluate the extent to which their language use is really appropriate for elders.

13. Government to adequately fund Matrix Guild Vic and other older lesbian specific organisations so that they can better work for and with older lesbians and represent older lesbians. Relying solely on the labour of volunteer women is unsustainable.

14. Encourage and support lesbian staff visibility in aged care organisations, via the Quality Audit mechanism.

15. Continue to provide training to the aged care sector but ensure it includes information and activities about *specifically lesbian* historical experiences, discriminations and culture (including language) and how these are very different to gay men bisexual, trans and intersex people. Consider focussing on clusters or hubs of lesbian friendly services rather than a system wide approach which has included organisations with faith-based objections to lesbians.

16. Monitor lesbian wishes for female carers and women only rooms/wards/etc by examining service policies and speaking with staff via Quality Audits.

17. Ensure aged care services have policies and processes in place that protect and afford the full rights of primary carers who are same sex partners or trusted lesbian friends.

18. Identify and encourage several age care providers to seriously explore the provision of lesbian only spaces within their existing facilities or across their broader organisation, ie mini culturally specific facilities. Include this information on the My Aged Care website.

19. Investigate establishing a low or no cost service which would provide a responsible Guardian/Guide through the Aged Care journey to lesbians (and other elders)

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